

# SJU IMMUNIZATION RECORD

Complete and submit this form by mail, fax or email to: CentraCare St. John's Clinic PO Box 7133, Collegeville MN 56321; Fax (320)200-3247; or email [centracare@csbsju.edu](mailto:centracare@csbsju.edu) In addition, international students must submit the signed tuberculosis screening form. Failure to submit these forms with 45 days of the start of the term will result in a registration hold. More information on Student Health Services at SJU can be found at: <https://www.csbsju.edu/student-life/counseling-health-and-wellness> **DUE DATES:** Fall semester: June 15<sup>th</sup> - Spring Semester: January 15<sup>th</sup>

Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Email: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

## REQUIRED IMMUNIZATIONS

### MMR (Measles, Mumps, & Rubella)

Dose 1 given at age 12 months or later. Dose 2 given at least 28 days after first dose. Two doses required prior to entrance.

Dose 1: \_\_\_\_/\_\_\_\_/\_\_\_\_ Dose 2: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year Month Day Year

### TD/Tdap (Tetanus-Diphtheria) One dose required within the last 10 years.

Dose 1: \_\_\_\_/\_\_\_\_/\_\_\_\_ Td or Tdap  
Month Day Year

## OTHER IMMUNIZATIONS

Polio 1. \_\_\_\_/\_\_\_\_/\_\_\_\_ 2. \_\_\_\_/\_\_\_\_/\_\_\_\_ 3. \_\_\_\_/\_\_\_\_/\_\_\_\_ 4. \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year Month Day Year Month Day Year Month Day Year

Meningitis 1. \_\_\_\_/\_\_\_\_/\_\_\_\_  Menomune or  Menactra  
Month Day Year

Hepatitis A 1. \_\_\_\_/\_\_\_\_/\_\_\_\_ 2. \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year Month Day Year

Hepatitis B 1. \_\_\_\_/\_\_\_\_/\_\_\_\_ 2. \_\_\_\_/\_\_\_\_/\_\_\_\_ 3. \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year Month Day Year Month Day Year

HPV 1. \_\_\_\_/\_\_\_\_/\_\_\_\_ 2. \_\_\_\_/\_\_\_\_/\_\_\_\_ 3. \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year Month Day Year Month Day Year

Varicella Have you had chicken pox? yes no If no, please indicate date of vaccinations

1. \_\_\_\_/\_\_\_\_/\_\_\_\_ 2. \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year Month Day Year

History of reaction to immunizations:  Yes  No Which immunizations? \_\_\_\_\_ Type of reaction: \_\_\_\_\_

Signature of Medical Professional \_\_\_\_\_ Date: \_\_\_\_\_

## CONSCIENTIOUS/RELIGIOUS EXEMPTION

Must fill out if unable to meet immunization requirements due to conscientious or religious belief, and MUST be notarized.

I hereby certify by notarization that my conscientious or religious belief is opposed to immunizations.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(or parent/legal guardian if under 18 years of age)

Subscribed and sworn to me on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature of Notary: \_\_\_\_\_

## MEDICAL EXEMPTION

Must be completed if unable to meet required immunizations due to medical contraindications.

The physical condition of the above named person is such that immunization would endanger life or health, or is medically contraindicated due to other medical conditions.

Signature of Medical Professional: \_\_\_\_\_ Date: \_\_\_\_\_

Minnesota law requires all students born after 12/31/1956 who enroll in a Minnesota college or university to be immunized against diphtheria, tetanus, measles, mumps, and rubella. This law allows for some exemptions.

Please keep a copy of this form for your records.